

Bibliographic Information Application Data Sheet (ADS)

Inventor Information

Inventor One Given Name:: David H.
Family Name:: Masury
Name Suffix::
Mailing Address Line One:: 1 Foyes Lane
Mailing Address Line Two::
City:: Kittery Point
State or Province:: ME
Postal or Zip Code:: 03905

City of Residence:: Kittery Point
State or Prov. of Residence:: ME
Country of Residence:: USA

Citizenship Country:: US

Inventor Two Given Name:: Edward P.
Family Name:: Thompson
Name Suffix::
Mailing Address Line One:: 57 Salter Street
Mailing Address Line Two::
City:: Portsmouth
State or Province:: NH
Postal or Zip Code:: 03801

City of Residence:: Portsmouth
State or Prov. of Residence:: NH
Country of Residence:: USA

Citizenship Country:: US

[repeat for additional inventors]

Correspondence Information

Name Line One:: Kevin M. Farrell
Name Line Two:: Pierce Atwood
Address Line One:: One New Hampshire Avenue
Address Line Two:: Suite 350
City:: Portsmouth
State or Province:: NH
Country:: USA
Postal or Zip Code:: 03801
Telephone:: (603) 433-6300

Fax:: (603) 433-6372

Electronic Mail::

Application Information

Title Line One:: SURGICAL SCALPEL

Title Line Two::

[Repeat for any additional lines]

Suggested classification::

Suggested Tech. Center::

Total Drawing Sheets:: 6

Suggested Dwg. Figure for Pub.: 1

Docket Number:: 0194-2001US02

Application Type:: Utility

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Contract or Grant Numbers Two::

Secrecy Order in Parent Appl.?:: [Yes or No]

If plant parent app.,

Latin name of genus and species of plant claimed::

Representative Information

Registration Number One:: 35,505

Registration Number Two::

[Repeat for extra registration numbers]

Domestic Priority Information

This application is a:: Continuation of

Application One:: 10/075,170

Filing Date:: February 14, 2002

which is a::

Application Two::

Filing Date::

[repeat as necessary]

Foreign Application Information

Foreign Application One::

Filing Date::

Country::

Priority Claimed: [Yes or No]

Assignee Information

Name of assignee::

Address Line One::

Address Line Two::

City::

State or Province::

Country::

Postal or Zip Code::